

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <u>10572</u>	2. Fiscal Year Covered From <u>11/1/2004</u> Through <u>12/31/2004</u>
3. Name and address of person filing Name <u>Willie C. SMITH IV</u> <u>Willie</u> P.O. Box, Bldg. Room No. if any _____ Street <u>4868 BROOKWOOD PL.</u> City <u>JACKSON</u> State <u>MS</u> ZIP Code + 4 <u>39272</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL BROTHERHOOD OF TEAMSTERS</u> Labor Organization File Number <u>000093</u> P.O. Box, Building and Room Number if any _____ Street <u>25 LA AVE NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization _____	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income _____ 7. b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/13/05
Date

401-372-8322
Telephone Number

Name of Person Filing <u>W. C. Smith Jr</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg. Room No. if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b. Approximate dollar value of such dealing. <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount. <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <u>SEE ATTACHED LIST</u> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14 a. Nature of payment. <u>CREDIT CARD</u> <u>I ASSUME</u>
13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <u>SEE ATTACHED</u>

W C Smith continued – Employee filing under Section C of the report as follows

<u>Date</u>	<u>Vendor</u>	<u>Gift or item</u>	<u>approximate amount</u>
9-15-04	* Vendor see below	dinner	Unknown amount But more than \$25
9 16-04	* Vendor see below	dinner	Unknown amount But more than \$25
10-26 04	* Vendor see below	dinner	Unknown amount But more than \$25
12-09-04	Prudential Financial	-dinner	\$98 36

As a Committee Member of the James R Hoffa Memorial Scholarship Fund the Fund Raising Committee meets approximately 8 times a year to plan and annual event At these meetings different Vendors take turns buying dinner for the committee I did not keep accurate records in 2004 nor did our vendors therefore I am listing the vendors on the committee that may have attended and paid for the 3 dinners mentioned above Their names and addresses follow

Vision Service Plan
One Market Place Suite 2625
Steuart Street Tower
San Francisco CA 94105

HMC/EBS
181 Commodore Drive
Jupiter Florida 33477

My Union RX
3724 Happy Valley Road
Lafayette California 94549

Health Management Center Inc
3717 Walnut Avenue
Long Beach California 90807

Prudential Financial
30401 Agoura Road Suite 100
Agoura Hills California 91301-2001